



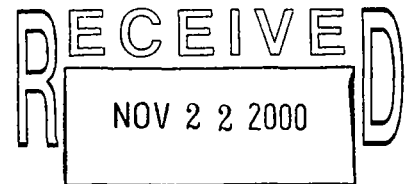
Glacier Northwest

4636 East Marginal Way S.
Suite 8140
Seattle, WA 98134
P.O. Box 1730
Seattle, WA 98111
Telephone: (206) 764-3000

12.3.55
Fax Numbers:
Executive (206) 764-3054
Sales (206) 764-3014
Credit (206) 764-3013
Warehouse (206) 762-3077
Cement Terminal (206) 764-7176

November 16, 2000

Underground Storage Tank Section
Department of Ecology
P.O. Box 47655
Olympia, Washington 98504-7655



ECOLOGY
Nw King UST 2211

Subject: Underground Storage Tank Tightness Test
Glacier Northwest, Inc. Seattle Plant
5975 East Marginal Way South ✓
Seattle, Washington
UST Site #002211

To Whom It May Concern:

You will find enclosed a copy of the 2000 annual tank tightness test for the underground storage tanks located at the Glacier Northwest, Inc. Seattle Plant, 5975 East Marginal Way South, Seattle, Washington. As you will note from the enclosures, both tanks passed the test.

In March of this year, our tank systems were upgraded to incorporate automatic tank gauging. We are therefore not anticipating performing tank tightness testing of the underground storage tanks at the Seattle Plant in the future.

If you have any questions or require further information, please feel free to call me at (206) 768-7612.

Sincerely,

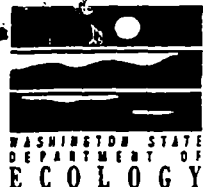
Thomas G. Hanson
Environmental Manager, Washington Division

Enc.

cc: Mike Patricelli
Scott Isaacson
Darrell Herman

RECEIVED
NOV 28 2000
DEPT. OF ECOLOGY





Underground Storage Tank

Check those activities which apply: ☒ Tightness Testing Checklist
☐ Retrofit/Repair Checklist
☐ Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: _____
(UBI # from Master Business License)

Site ID Number: NW King UST 2211
(Available from Ecology if tank is Registered)

Site/Business Name: Glacier N.W.

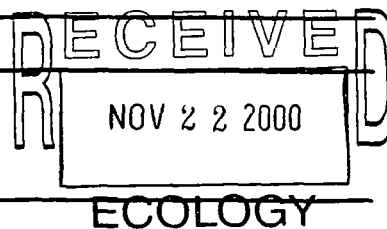
Site Address: 5475 E Marginal way

Street Seattle WA

County 98111

Telephone: 206-768-7612

Zip+4 (required)



UST Owner/Operator: Glacier NW Inc.

Mailing Address: P.O. Box 1730

Street Seattle, WA 98111

P.O. Box

City State

Zip+4 (required)

Telephone: 206-768-7612

2. FIRM PERFORMING WORK

Service Company: PACIFIC NORTHERN ENVIRONMENTAL

Service Co. Address: 1081 COLUMBIA BOULEVARD

Street LONGVIEW

WA

98632

City State

Zip+4 (required)

Certified Supervisor: GARY WALL, JR.

Address: 1081 COLUMBIA BOULEVARD

Street LONGVIEW

WA

P.O. Box 98632

City State

Zip+4 (required)

IFIC Certification Number: 1059213-27

Certification Issue Date (Month/Year): 01/00

Telephone: (360) 423-2245

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

RECEIVED
NOV 28 2000
DEPT. OF ECOLOGY

Checklist Instructions

After completing these checklist(s), return to: **Underground Storage Tank Section**
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology. Mark the appropriate box(es) for Tank Tightness Testing, Retrofitting/Repair, and/or Cathodic Protection. Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page (if copied on a single side). Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. For more than four UST systems, please photocopy the checklist prior to completing. Be sure that the Owner or the Authorized Representative AND Certified Supervisor sign the appropriate checklist.

Cover Sheet

Site and Owner Information

Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information

List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing, Retrofitting/Repair and/or Cathodic Protection IFCI Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Fire Code Institute (IFCI), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The **Tightness Testing Checklist** shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

The **Retrofitting/Repair Checklist** shall be completed and signed by a IFCI Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

The **Cathodic Protection Checklist** shall be completed and signed by an IFCI Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all cathodic protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Northwest
(206) 649-7000

Southwest
(360) 407-6300

Central
(509) 574-2490

Eastern
(509) 456-2926

Underground Storage Tank

Tightness Testing Checklist

Site ID # UST 2211

Site Address _____

City _____

NW King

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: 10/19/2000

1. Tightness testing method(s) used (indicate if more than one method was used):

Test method name/version US Test

Test method manufacturer _____

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be; 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks):

m/w

3. Method used for release detection:

- ☐ Weekly manual gauging
☐ Daily manual inventory control
☒ Automatic tank gauging (ATG)
☐ Interstitial monitoring
☐ Other (describe) _____

4. Reason for conducting tightness test:

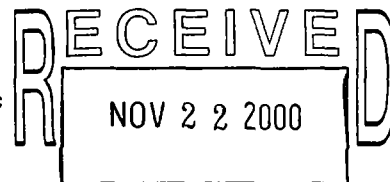
- ☒ Required for release detection requirement
☐ Bring temporarily closed tanks back into service
☐ Tank or piping repair
☐ Other (describe) _____

5. Type of test conducted:

- ☒ Tank tightness test only
☐ Line tightness test only
☐ Total system test (tank and lines tested together)

6. Test method type:

- ☐ Overfill volumetric
☐ Underfill volumetric
☐ Nonvolumetric
☒ Volumetric



II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

- | | Yes | No | NA* |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the product level in the tank during the test within the limitations of the test methods performance standards? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* Item not applicable

ID #	
Site Address	
City	

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)				
2. Date installed				
3. Tank capacity in gallons	10K	6K		
4. Last substance stored	Diesel	UNID.		
5. Number of tank compartments				
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	S	S		
7. Is overfill device present? (Yes/No)	?	?		
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	98	98		
9. The test method used can detect a leak of how many GPH?	±.05	±.05		
10. The numerical tank test results are? (in gallons per hour)	±.044	±.016		
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)*	Pass	Pass		

IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	S	S		
2. Pump type: (T) turbine; (S) suction	S	S		
3. (a) If turbine, is line leak detector present? (Yes/No) (1) If present, was lead seal intact? (Yes/No N/A) (2) Line leak detector results? (Pass/Fail) (b) If suction, check valve located at? (T) tank (P) pump	P	P		
4. The numerical line test results are? (in gallons per hour)				
5. Line tightness test results? (Pass/Fail)*				

* Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date	10/19/00	Signature of Certified Supervisor	GARY WALL, JR.	Printed Name
Date	11/16/00	Signature of Tank Owner/Authorized Representative	THOMAS G. HANSON	Printed Name



RECEIVED

FEB 1 2000

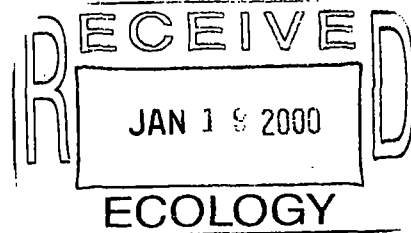
DEPT. OF ECOLOGY

January 11, 2000

Washington Department of Ecology
Underground Storage Tank Section
P.O. Box 47655
Olympia, WA 98504-7655

4636 East Marginal Way S.
Suite B140
Seattle, WA 98134
P.O. Box 1730
Seattle, WA 98111
Telephone: (206) 764-3000

Fax Numbers:
Executive (206) 764-3054
Sales (206) 764-3014
Credit (206) 764-3013
Warehouse (206) 762-3077
Cement Terminal (206) 764-7176



NW
2211
4.4308

Subject: UST Site Registration No. 002211

Dear Sir:

This letter is provided to notify you of a corporate name change regarding Lone Star Northwest, Inc., which is registered under Site No. 002211 to operate two underground fuel storage tanks at our ready mix concrete batch plant located at 5975 East Marginal Way South in Seattle, Washington. Effective December 10, 1999, the Washington corporation known as Lone Star Northwest, Inc., became Glacier Northwest, Inc. This is only a change in the corporate name and all other aspects of the corporation remain the same.

As with Lone Star Northwest, Inc., our corporate address is:

Glacier Northwest, Inc.
P.O. Box 1730
Seattle, WA 98111

The company point of contact regarding this permit is Ned Pettit who may be contacted at the corporate address listed above, or by telephone at (206) 764-3000, or by e-mail at Npettit@GlacierNW.com. All correspondence and/or materials related to this permit should be directed to this designated point of contact. Please update your records to reflect this name change as well as the other corporate information provided above. Thank you.

Sincerely,

Edward M. Pettit
Environmental Manager

cc: Scott Isaacson
Darrell Herman

This letter has been forwarded to the Department of Licensing to be processed. I called Edward and let him know he needed to call DOL to ask for the necessary paper work. Joyce



4636 East Marginal Way S.
Suite B140
Seattle, WA 98134
P.O. Box 1730
Seattle, WA 98111
Telephone: (206) 764-3000

Fax Numbers:
Executive (206) 764-3054
Sales (206) 764-3014
Credit (206) 764-3013
Warehouse (206) 762-3077
Cement Terminal (206) 764-7176

February 10, 1999

Underground Storage Tank Section
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

RE: Tank Tightness Test
Glacier Northwest - 5975 East Marginal Way South, Seattle
UST Site Number 002211

To Whom It May Concern:

Please find enclosed a copy of the 1999 annual tank tightness test for Glacier Northwest's (formerly Lone Star Northwest) Seattle facility. As you will see from the accompanying checklist, both tanks satisfactorily passed the examination. Please call if you have any questions.

Sincerely,

Edward M. Pettit
Environmental Manager

Enclosure

cc: Mike Patricelli
Darrell Herman
Scott Isaacson

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FEB 18 2000
DEPT. OF ECOLOGY



Underground Storage Tank

Check those activities which apply: ☒ Tightness Testing Checklist
☐ Retrofit/Repair Checklist
☐ Cathodic Protection Checklist

NW 2211
04308

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 601 301 145 001 0001
(UBI # from Master Business License)

Site ID Number: 002211
(Available from Ecology if tank is Registered)

Site/Business Name: Lowester NW

Site Address: 5975 E Marginal Wy

Street

Seattle WA

County

King 98111

City State

Zip+4 (required)

Telephone: (206) 764-3000

UST Owner/Operator: Same

Mailing Address:

Street

P.O. Box

FEB 15 2000

City State

Zip+4 (required)

Telephone: _____

ECOLOGY

2. FIRM PERFORMING WORK

Service Company: PACIFIC NORTHERN ENVIRONMENTAL

Service Co. Address: 1081 COLUMBIA BOULEVARD

Street

LONGVIEW

WA

98632

City State

Zip+4 (required)

Certified Supervisor: GARY WALL, JR.

Address: 1081 COLUMBIA BOULEVARD

Street

LONGVIEW

WA

P.O. Box

98632

City State

Zip+4 (required)

IFIC Certification Number: 1059213-27

Certification Issue Date (Month/Year): 11/97

Telephone: (360) 423-2245

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact: the Underground Storage Tanks Section at (360) 407 7170.

Underground Storage Tank

Tightness Testing Checklist

Site ID #	_____
Site Address	_____
City	_____

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: 9-23-99

1. Tightness testing method(s) used (indicate if more than one method was used):

Test method name/version US Test

Test method manufacturer _____

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks):

m/w

3. Method used for release detection:

- ☐ Weekly manual gauging
☒ Daily manual inventory control
☐ Automatic tank gauging (ATG)
☐ Interstitial monitoring
☐ Other (describe) _____

4. Reason for conducting tightness test:

- ☒ Required for release detection requirement
☐ Bring temporarily closed tanks back into service
☐ Tank or piping repair
☐ Other (describe) _____

5. Type of test conducted:

- ☒ Tank tightness test only
☐ Line tightness test only
☐ Total system test (tank and lines tested together)

6. Test method type:

- ☐ Overfill volumetric
☐ Underfill volumetric
☐ Nonvolumetric
☒ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

- | | Yes | No | NA* |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the product level in the tank during the test within the limitations of the test methods performance standards? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* Item not applicable

Site Address	_____
City	_____

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)	1	2		
2. Date installed	unk.	unk.		
3. Tank capacity in gallons	10K	6K		
4. Last substance stored	Diesel	UNID		
5. Number of tank compartments	1	1		
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	S	S		
7. Is overfill device present? (Yes/No)	No	NO		
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	70	75		
9. The test method used can detect a leak of how many GPH?	±.05	±.05		
10. The numerical tank test results are? (in gallons per hour)	+034.3	+037.90		
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results: the test results are? (Pass/Fail)*	Pass	Pass		

IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	S	S		
2. Pump type: (T) turbine; (S) suction	S	S		
3. (a) If turbine, is line leak detector present? (Yes/No) (1) If present, was lead seal intact? (Yes/No N/A) (2) Line leak detector results? (Pass/Fail) (b) If suction, check valve located at? (T) tank (P) pump				
4. The numerical line test results are? (in gallons per hour)				
5. Line tightness test results? (Pass/Fail)*				

* Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

9-23-99	<i>Welf</i>	Gary L. Welf Sr
Date	Signature of Certified Supervisor	Printed Name
2-10-2000	<i>Edward M. Pettit</i>	Edward Pettit
Date	Signature of Tank Owner/Authorized Representative	Printed Name

Cathodic Protection System Record

Location ____

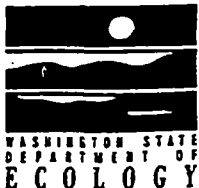
Client

Long-stn NW

Installation Date

4

Date	Initials	Rectifier		Reference Cell Readings				
		Volts	Amps	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
INSTALLATION				DILSEL	GAS			
9/24/99	LB	X	X	-1.958	-1.02			
				-1.910	-1.956	← 1996 READING		
						WIRE FOUND IN BOX		
						FOR FUTURE AUTOMATIC		
						GAGING		
		PASSING SCORE						
		IS BETTER						
		THAN -1.950						
						IFCI# 32-US-32004540		
						GREG BRENNAN		
						UNIVERSAL Applicators Inc		
						2357 SE 50th Ave		
						PORTLAND, OR 97215		



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OCT 04 1999
DEPT. OF ECOLOGY

Underground Storage Tank

NW

Check those activities which apply:

- ☒ Tightness Testing Checklist
☐ Retrofit/Repair Checklist
☐ Cathodic Protection Checklist

6-4308

72211

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: _____ Site ID Number: _____
(UBI # from Master Business License) (Available from Ecology if tank is Registered)

Site/Business Name: Lonestar NW

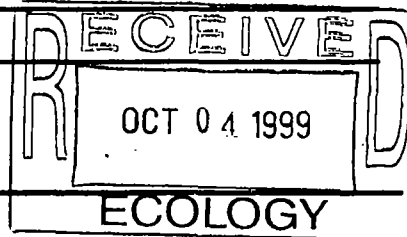
Site Address: 5975 E Marginal wy
Street Seattle WA County 98111
City State Zip+4 (required)

Telephone: _____

UST Owner/Operator: Same

Mailing Address: _____
Street P.O. Box
City State Zip+4 (required)

Telephone: _____



2. FIRM PERFORMING WORK

Service Company: PACIFIC NORTHERN ENVIRONMENTAL

Service Co. Address: 1081 COLUMBIA BOULEVARD
Street LONGVIEW WA 98632
City State Zip+4 (required)

Certified Supervisor: GARY WALL, JR.

Address: 1081 COLUMBIA BOULEVARD
Street LONGVIEW WA 98632
City State Zip+4 (required)

IFIC Certification Number: 1059213-27 Certification Issue Date (Month/Year): 11/97

Telephone: (360) 423-2245

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For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

Checklist Instructions

After completing these checklist(s), return to: **Underground Storage Tank Section
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655**

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology. Mark the appropriate box(es) for Tank Tightness Testing, Retrofitting/Repair, and/or Cathodic Protection. Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page (if copied on a single side). Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. For more than four UST systems, please photocopy the checklist prior to completing. Be sure that the Owner or the Authorized Representative AND Certified Supervisor sign the appropriate checklist.

Cover Sheet

Site and Owner Information

Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information

List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing, Retrofitting/Repair and/or Cathodic Protection IFCI Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services **MUST** be certified by the International Fire Code Institute (IFCI), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The **Tightness Testing Checklist** shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

The **Retrofitting/Repair Checklist** shall be completed and signed by a IFCI Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

The **Cathodic Protection Checklist** shall be completed and signed by an IFCI Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all cathodic protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Northwest
(206) 649-7000

Southwest
(360) 407-6300

Central
(509) 574-2490

Eastern
(509) 456-2926

Underground Storage Tank

Tightness Testing Checklist

Site ID #	_____
Site Address	_____
City	_____

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: 9-23-99

1. Tightness testing method(s) used (indicate if more than one method was used):

Test method name/version US Test

Test method manufacturer _____

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks):

m/w

3. Method used for release detection:

- ☐ Weekly manual gauging
☒ Daily manual inventory control
☐ Automatic tank gauging (ATG)
☐ Interstitial monitoring
☐ Other (describe) _____

4. Reason for conducting tightness test:

- ☒ Required for release detection requirement
☐ Bring temporarily closed tanks back into service
☐ Tank or piping repair
☐ Other (describe) _____

5. Type of test conducted:

- ☒ Tank tightness test only
☐ Line tightness test only
☐ Total system test (tank and lines tested together)

6. Test method type:

- ☐ Overfill volumetric
☐ Underfill volumetric
☐ Nonvolumetric
☒ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

- | | Yes | No | NA* |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the product level in the tank during the test within the limitations of the test methods performance standards? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* Item not applicable

Site Address _____
City _____

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)				
2. Date installed				
3. Tank capacity in gallons	10K	6K		
4. Last substance stored	Diesel	UNID		
5. Number of tank compartments	1	1		
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	S	S		
7. Is overfill device present? (Yes/No)	No	NO		
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	70	75		
9. The test method used can detect a leak of how many GPH?	±.05	±.05		
10. The numerical tank test results are? (in gallons per hour)	+03473	+03490		
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results: the test results are? (Pass/Fail)*	Pass	Pass		

IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	S	S		
2. Pump type: (T) turbine; (S) suction	S	S		
3. (a) If turbine, is line leak detector present? (Yes/No) (1) If present, was lead seal intact? (Yes/No N/A) (2) Line leak detector results? (Pass/Fail) (b) If suction, check valve located at? (T) tank (P) pump				
4. The numerical line test results are? (in gallons per hour)				
5. Line tightness test results? (Pass/Fail)*				

* Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

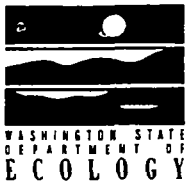
V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

9-23-99 Wael Gary L. Wall Sr.
Date Signature of Certified Supervisor Printed Name

Date Signature of Tank Owner/Authorized Representative Printed Name



Underground Storage Tank

Check those activities which apply:

- ☒ Tightness Testing Checklist
☐ Retrofit/Repair Checklist
☐ Cathodic Protection Checklist

NW

LS

2211

U 4308

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 601 301 145 001 0001
(UBI # from Master Business License)

Site ID Number: 002211
(Available from Ecology if tank is Registered)

Site/Business Name: Lone Star

Site Address: 5975 E. MARGINAL WAY, KING

Street

County

SEATTLE, WA.

98111

City State

Zip+4 (required)

Telephone: _____

FEB 08 1999

UST Owner/Operator: LOLIE STAR

Mailing Address: P.O. Box 1730

Street

P.O. Box

SEATTLE, WA.

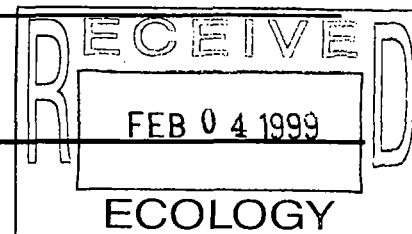
98111

City State

Zip+4 (required)

Telephone: _____

DEPT OF ECOLOGY



2. FIRM PERFORMING WORK

Service Company: PACIFIC NORTHERN ENVIRONMENTAL

Service Co. Address: 1081 COLUMBIA BLVD.

Street

LONGVIEW

WA

98632

City State

Zip+4 (required)

Certified Supervisor: GARY WALL

Address: 1081 COLUMBIA BLVD.

Street

LONGVIEW

P.O. Box

WA

98632

City State

Zip+4 (required)

IFIC Certification Number: 1059213-27

Certification Issue Date (Month/Year): 11-15-97

Telephone: (360) 423-2245

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

Checklist Instructions

After completing these checklist(s), return to: **Underground Storage Tank Section**
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology. Mark the appropriate box(es) for Tank Tightness Testing, Retrofitting/Repair, and/or Cathodic Protection. Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page (if copied on a single side). Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. For more than four UST systems, please photocopy the checklist prior to completing. Be sure that the Owner or the Authorized Representative AND Certified Supervisor sign the appropriate checklist.

Cover Sheet

Site and Owner Information

Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information

List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing, Retrofitting/Repair and/or Cathodic Protection IFCI Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Fire Code Institute (IFCI), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The **Tightness Testing Checklist** shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

The **Retrofitting/Repair Checklist** shall be completed and signed by a IFCI Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

The **Cathodic Protection Checklist** shall be completed and signed by an IFCI Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all cathodic protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Northwest
(206) 649-7000

Southwest
(360) 407-6300

Central
(509) 574-2490

Eastern
(509) 456-2926

Underground Storage Tank

Tightness Testing Checklist

ID #	_____
Site Address	_____
City	_____

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: 9-17-98

1. Tightness testing method(s) used (indicate if more than one method was used):

Test method name/version US Test
Test method manufacturer CUSTEST INC

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): variable probe

3. Method used for release detection:

☐ Weekly manual gauging
☒ Daily manual inventory control
☐ Automatic tank gauging (ATG)
☐ Interstitial monitoring
☐ Other (describe) _____

4. Reason for conducting tightness test:

☒ Required for release detection requirement
☐ Bring temporarily closed tanks back into service
☐ Tank or piping repair
☐ Other (describe) _____

5. Type of test conducted:

☒ Tank tightness test only
☐ Line tightness test only
☐ Total system test (tank and lines tested together)

6. Test method type:

☐ Overfill volumetric
☐ Underfill volumetric
☐ Nonvolumetric
☒ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

Yes No NA*

1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%).
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?
3. Was the product level in the tank during the test within the limitations of the test methods performance standards?
4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)
5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* Item not applicable

Site ID # _____
Site Address _____
City _____

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)	1	2		
2. Date installed	unk.	unk.		
3. Tank capacity in gallons	10000	6000		
4. Last substance stored	Diesel	UNK		
5. Number of tank compartments	1	1		
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	S	S		
7. Is overfill device present? (Yes/No)	NO	NO	No alarm	No shut off valve
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	51%	70%		Not sure about Ball floats
9. The test method used can detect a leak of how many GPH?	±.05	—		
10. The numerical tank test results are? (in gallons per hour)	±.025	±.019		
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results: the test results are? (Pass/Fail)*	PASS	PASS		

IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	S	S		
2. Pump type: (T) turbine; (S) suction	S	S		
3. (a) If turbine, is line leak detector present? (Yes/No)	—	—		
(1) If present, was lead seal intact? (Yes/No N/A)	—	—		
(2) Line leak detector results? (Pass/Fail)	P	P		
(b) If suction, check valve located at? (T) tank (P) pump				
4. The numerical line test results are? (in gallons per hour)	±.025124	±.019904		
5. Line tightness test results? (Pass/Fail)*	PASS	PASS		

* Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

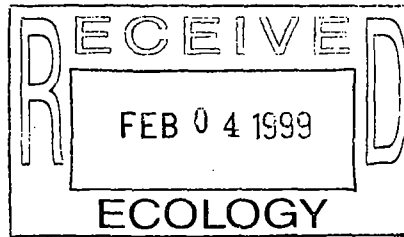
Date 9-17-99	Signature of Certified Supervisor <i>Gary Warr</i>	Printed Name GARY WARR
Date 2-2-99	Signature of Tank Owner/Authorized Representative <i>Edward M. Pettit</i>	Printed Name Edward Pettit



LONE STAR NORTHWEST, INC.

February 2, 1999

Underground Storage Tank Section
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655



RE: Tank Tightness Test.
Lone Star Northwest - 5975 East Marginal Way South, Seattle
UST Site Number 002211

To Whom It May Concern:

Please find enclosed a copy of the 1998 annual tank tightness test for Lone Star's Seattle facility.
As you will see from the accompanying checklist, both tanks satisfactorily passed the examination. Please call if you have any questions.

Sincerely,

Edward M. Pettit
Environmental Manager

Enclosure

cc: Mike Patricelli
Darrell Herman
Shawn Lilley



Underground Storage Tank

RECEIVED

APR 08 1998

DEPT. OF ECOLOGY

Check those activities which apply:

- ☒ Tightness Testing Checklist
☐ Retrofit/Repair Checklist
☐ Cathodic Protection Checklist

NW LS

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 601 301 145 001 0001 Site ID Number: 002211
(UBI # from Master Business License) (Available from Ecology if tank is Registered)

Site/Business Name: LONE STAR

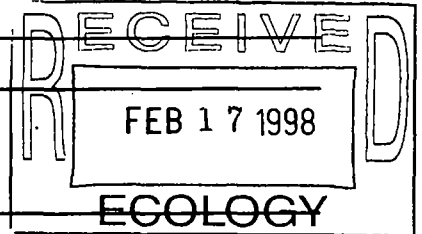
Site Address: 5975 E. MARGINAL WAY
Street City State Zip+4 (required)
SEATTLE WA 98111

Telephone: _____

UST Owner/Operator: LONE STAR NW INC.

Mailing Address: P.O. Box 1730
Street City State Zip+4 (required)
SEATTLE WA 98111

Telephone: _____



2. FIRM PERFORMING WORK

Service Company: PACIFIC NORTHERN ENVIRONMENTAL

Service Co. Address: 1081 COLUMBIA BLVD.
Street City State Zip+4 (required)
LONGVIEW, WA 98632

Certified Supervisor: BRET HAGDARE

Address: 1081 COLUMBIA BLVD.
Street City State Zip+4 (required)
LONGVIEW, WA 98632

IFIC Certification Number: 0873732-27 Certification Issue Date (Month/Year): 1/11/97

Telephone: (360) 423-2245

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

Checklist Instructions

After completing these checklist(s), return to: **Underground Storage Tank Section**
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology. Mark the appropriate box(es) for Tank Tightness Testing, Retrofitting/Repair, and/or Cathodic Protection. Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page (if copied on a single side). Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. For more than four UST systems, please photocopy the checklist prior to completing. Be sure that the Owner or the Authorized Representative **AND** Certified Supervisor sign the appropriate checklist.

Cover Sheet

Site and Owner Information

Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information

List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing, Retrofitting/Repair and/or Cathodic Protection IFCI Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Fire Code Institute (IFCI), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The **Tightness Testing Checklist** shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

The **Retrofitting/Repair Checklist** shall be completed and signed by a IFCI Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

The **Cathodic Protection Checklist** shall be completed and signed by an IFCI Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all cathodic protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Northwest
(206) 649-7000

Southwest
(360) 407-6300

Central
(509) 574-2490

Eastern
(509) 456-2926

Underground Storage Tank

Tightness Testing Checklist

Site ID #	_____
Site Address	_____
City	_____

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: 1/2 14/22/97

1. Tightness testing method(s) used (indicate if more than one method was used):

Test method name/version TRACER TIGHT
Test method manufacturer TRACER RESEARCH

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks):

VARIABLE PROBE

3. Method used for release detection:

☐ Weekly manual gauging
☒ Daily manual inventory control
☐ Automatic tank gauging (ATG)
☐ Interstitial monitoring
☐ Other (describe) _____

4. Reason for conducting tightness test:

☒ Required for release detection requirement
☐ Bring temporarily closed tanks back into service
☐ Tank or piping repair
☐ Other (describe) _____

5. Type of test conducted:

☐ Tank tightness test only
☐ Line tightness test only
☒ Total system test (tank and lines tested together)

6. Test method type:

☐ Overfill volumetric
☐ Underfill volumetric
☒ Nonvolumetric
☐ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

- | | Yes | No | NA* |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the product level in the tank during the test within the limitations of the test methods performance standards? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

* Item not applicable

Site ID #	_____
Site Address	_____
City	_____

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)	1	2		
2. Date installed	unk.	unk.		
3. Tank capacity in gallons	10K	6K		
4. Last substance stored	D/F	W/L		
5. Number of tank compartments	1	—		
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	S	—		
7. Is overfill device present? (Yes/No)				
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	N/A	N/A	N/A	N/A
9. The test method used can detect a leak of how many GPH?	.05	.05	.05	.05
10. The numerical tank test results are? (in gallons per hour)	mg/L	mg/L	mg/L	mg/L
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)*	PASS	—		

IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	S	—		
2. Pump type: (T) turbine; (S) suction	T	—		
3. (a) If turbine, is line leak detector present? (Yes/No) (1) If present, was lead seal intact? (Yes/No N/A) (2) Line leak detector results? (Pass/Fail) (b) If suction, check valve located at? (T) tank (P) pump				
4. The numerical line test results are? (in gallons per hour)	mg/L	—		
5. Line tightness test results? (Pass/Fail)*	PASS	—		

* Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

1/15/98	<u>Bret Hagdahl</u>	BRET HAGDAHL
Date	Signature of Certified Supervisor	Printed Name
2-12-98	<u>Edward M. Pettit</u>	Edward Pettit
Date	Signature of Tank Owner/Authorized Representative	Printed Name



LONE STAR NORTHWEST, INC.

February 12, 1998

Underground Storage Tank Section
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

RE: Tank Tightness Test
Lone Star Northwest - 5975 East Marginal Way South, Seattle
UST Site Number 002211

To Whom It May Concern:

Please find enclosed a copy of the 1997 annual tank tightness test for Lone Star's Seattle facility. As you will see from the accompanying checklist, both tanks satisfactorily passed the examination. Please call if you have any questions.

Sincerely,

Edward M. Pettit
Environmental Manager

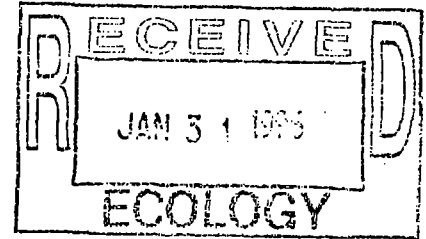
Enclosure

c: Shawn Lilley



NW
LONE STAR NORTHWEST, INC.

RECEIVED
FEB 15 1996
DEPT. OF ECOLOGY



January 29, 1996

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

RE: 1995 UST Tightness Tests

To Whom It May Concern:

Please find enclosed the completed and signed Tightness Testing Checklist for three underground storage tanks owned and operated by Lone Star Northwest (UBI 601 301 145 001). Lone Star has two USTs at its East Marginal Way facility in Seattle and one UST at its Ross Avenue facility in Marysville. All three USTs passed the tightness test. Thank you for adding these results to Lone Star's UST files.

Sincerely,

Shawn M Carter

Shawn M. Carter
Environmental Manager

Enclosure



UNDERGROUND STORAGE TANK Tightness Testing Checklist

NW

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connected underground piping. Tightness testing shall be conducted in accordance with Chapter 173-360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by photocopying page 2 and 3 of this form and completing these pages separately for each UST system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

For further information about completing this form, please contact the Department of Ecology UST Section.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator:

Lone Star NW Inc

Owners Address:

5975 E. Marginal S

1730

Street

Seattle, WA

P.O. Box

98111

City

State

Zip+4 (required)

Telephone:

(206) 764-3107

Site ID Number (on invoice or available from Ecology if tank is registered):

002211

Site/Business Name:

Lone Star NW Inc.

Site Address:

5975 E Marginal Way S.

Street

Seattle, WA

County

City

State

Zip+4 (required)

2. TIGHTNESS TESTING PERFORMED BY:

Firm:

PACIFIC NORTHERN ENVIRONMENTAL

Service Provider License Number:

S000153

Address:

1081 COLUMBIA BLVD.

Street

LONGVIEW, WA.

98632

City

State

P.O. Box

Zip+4 (required)

Telephone:

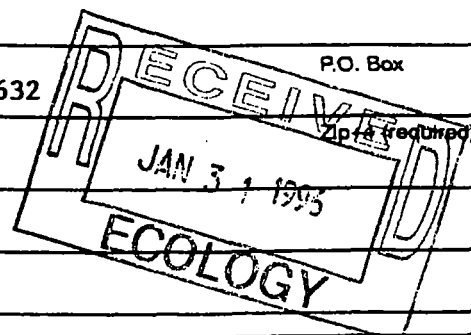
(206) 423-2245

Licensed Supervisor:

Dan Swaby

Supervisor License Number:

82323



3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 1 2. Date installed: _____
3. Tank capacity in gallons: 104 4. Date of tightness test: 1396
5. Last substance stored: Diesel 6. Is tank compartmentalized? N
7. Tank is: ☒ single wall ☐ double wall

8. Reason for conducting tightness test:

- ☒ To comply with leak detection requirements in UST rules
- ☐ To bring temporarily closed tank back into service
- ☐ Tank or piping repair
- ☐ Other (describe) _____

9. Type of test conducted:

10. Test method type:

- ☐ Tank tightness test only ☐ Overfill
- ☐ Line tightness test only ☐ Underfill volumetric
- ☐ Tank and lines tested separately ☒ Nonvolumetric
- ☒ Total system test (tank and lines tested together)

11. Tightness testing method(s) used (Indicate if more than one method was used - see note following item 12):

Test method name/version Tracer

Test method manufacturer _____

12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 60

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks): MU

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

Yes No NA*

1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%)

Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.

CW

2. Have all written testing procedures developed by the manufacturer of the test equipment and method been followed while the test was being set up and conducted?	Aw		
3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?			
4. Was the waiting period between the addition of product to the tank and the beginning of the test at or above the minimum waiting period stated in the evaluation results?			
5. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (for single wall tanks)			
6. Have any loose fittings at the top of the tank been either tightened prior to beginning the test or accounted for when conducting the test and evaluating test results? (Applies to overfill methods only) <i>Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.</i>			Aw
7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?			
8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is: <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed Note: Inconclusive test results will not be considered as a valid tightness test for purposes of complying with UST release detection regulations.			
9. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? Note: The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.			
10. If a failed test has occurred, results indicate that there is a leak in the: <input type="checkbox"/> Tank <input type="checkbox"/> Piping System If known, the leak rate is: _____ gallons per hour			
*Item not applicable			
I hereby certify that I have been the licensed supervisor present during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.			
Persons submitting false information are subject to penalties under Chapter 173-360 WAC.			
1/29/96 Date	Wap Signature of Licensed Supervisor		

5. ADDITIONAL REQUIRED SIGNATURES	
1/22/96 Date	Etherington for Pacific Northern Environmental Signature of Licensed Service Provider (firm (owner or person with signature authority))
1/29/96 Date	 Signature of Tank Owner or Authorized Representative

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 2
2. Date installed: _____
3. Tank capacity in gallons: 6K
4. Date of tightness test: 1396
5. Last substance stored: UNI
6. Is tank compartmentalized? N
7. Tank is: ☒ single wall ☐ double wall

8. Reason for conducting tightness test:

- ☒ To comply with leak detection requirements in UST rules
- ☐ To bring temporarily closed tank back into service
- ☐ Tank or piping repair
- ☐ Other (describe) _____

9. Type of test conducted:

- ☐ Tank tightness test only
- ☐ Line tightness test only
- ☐ Tank and lines tested separately
- ☒ Total system test (tank and lines tested together)

10. Test method type:

- ☐ Overfill
- ☐ Underfill volumetric
- ☒ Nonvolumetric

11. Tightness testing method(s) used (indicate if more than one method was used - see note following item 12):

Test method name/version Tracer

Test method manufacturer _____

12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test:

35

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks):

mw

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%)

Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.

Yes No NA*

<u>ew</u>		
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UNDERGROUND STORAGE TANK Tightness Testing Checklist

NW KB

RECEIVED
APR 17 1995

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connected underground piping. Tightness testing shall be conducted in accordance with Chapter 173-360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by photocopying page 2 and 3 of this form and completing these pages separately for each UST system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

RECEIVED
APR 21 1995
DEPT. OF ECOLOGY

For further information about completing this form, please contact the Department of Ecology UST Section.
The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Lone Star NW Inc

Owners Address: 5975 E Marginal S 1730
Seattle WA 98111
Street City State P.O. Box
City State Zip+4 (required)

Telephone: (206) 764-3107

Site ID Number (on invoice or available from Ecology if tank is registered): 002211

Site/Business Name: Lone Star NW Inc

Site Address: 5975 E Marginal Way S
Seattle WA 98111
Street City State County
City State Zip+4 (required)

2. TIGHTNESS TESTING PERFORMED BY:

Firm: PACIFIC NORTHERN ENVIRONMENTAL

Service Provider License Number: S000153

Address: 1081 COLUMBIA Blvd
Longview, WA. 98632
Street City State P.O. Box
City State Zip+4 (required)

Telephone: 206-423-2245

Licensed Supervisor: Gary Wall

Supervisor License Number: W001622

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 2 2. Date Installed: _____
3. Tank capacity in gallons: 6K 4. Date of tightness test: 12-20-84
5. Last substance stored: UNL 6. Is tank compartmentalized? N

7. Tank is: _____ single wall _____ double wall

8. Reason for conducting tightness test:

- ☒ To comply with leak detection requirements in UST rules
- ☐ To bring temporarily closed tank back into service
- ☐ Tank or piping repair
- ☐ Other (describe) _____

9. Type of test conducted:

- ☐ Tank tightness test only
- ☐ Line tightness test only
- ☐ Tank and lines tested separately
- ☒ Total system test (tank and lines tested together)

10. Test method type:

- ☐ Overfill
- ☐ Underfill volumetric
- ☒ Nonvolumetric

11. Tightness testing method(s) used (Indicate if more than one method was used - see note following item 12):

Test method name/version TRACER TIGHT

Test method manufacturer TRACER RESEARCH

12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 35

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks): VARIABLE PROBE

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

Yes No NA*

1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%)

Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.

Yes	No	NA*
<u>ew</u>		

	Yes	No	NA*
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	Yes		
3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?	Yes		
4. Was the waiting period between the addition of product to the tank and the beginning of the test at or above the minimum waiting period stated in the evaluation results?	Yes		
5. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (for single wall tanks)	Yes		
6. Have any loose fittings at the top of the tank been either tightened prior to beginning the test or accounted for when conducting the test and evaluating test results? (Applies to overfill methods only) <i>Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.</i>			Yes
7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?			Yes
8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is: <div style="text-align: center;"> <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed </div> Note: Inconclusive test results will not be considered as a valid tightness test for purposes of complying with UST release detection regulations.			
9. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? Note: The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.			
10. If a failed test has occurred, results indicate that there is a leak in the: <input type="checkbox"/> Tank <input type="checkbox"/> Piping System If known, the leak rate is: _____ gallons per hour			
<p>*Item not applicable</p> <p><i>I hereby certify that I have been the licensed supervisor present during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.</i></p> <p><i>Persons submitting false information are subject to penalties under Chapter 173-360 WAC.</i></p> <p> <u>122094</u> <u><i>[Signature]</i></u> Date Signature of Licensed Supervisor </p>			

5. ADDITIONAL REQUIRED SIGNATURES

1/24/95
Date

Kim Harrison for PNE
Signature of Licensed Service Provider (owner or person with signature authority)

4/11/95
Date

Shawn M Carter
Signature of Tank Owner or Authorized Representative

Sections 3, 4 and 5 must be completed separately for each tank and assembly. If piping tested at the site. For additional tanks you may photocopy this form prior to completing.

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 1 2. Date installed: _____
3. Tank capacity in gallons: 10K 4. Date of tightness test: 12/20/94
5. Last substance stored: Diesel 6. Is tank compartmentalized? N
7. Tank is: _____ single wall _____ double wall
8. Reason for conducting tightness test:

- ☒ To comply with leak detection requirements in UST rules
- _____ To bring temporarily closed tank back into service
- _____ Tank or piping repair
- _____ Other (describe) _____

9. Type of test conducted:

- _____ Tank tightness test only
- _____ Line tightness test only
- _____ Tank and lines tested separately
- ☒ Total system test (tank and lines tested together)

10. Test method type:

- _____ Overfill
- _____ Underfill volumetric
- ☒ Nonvolumetric

11. Tightness testing method(s) used (Indicate if more than one method was used - see note following item 12):

Test method name/version TRACER TIGHT

Test method manufacturer TRACER RESEARCH

12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 60

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks): VARIABLE PROBE

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%)			
Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.	<u>GW</u>		



UNDERGROUND STORAGE TANK Tightness Testing Checklist

NW KB

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connected underground piping. Tightness testing shall be conducted in accordance with Chapter 173-360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by photocopying page 2 and 3 of this form and completing these pages separately for each UST system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

For further information about completing this form, please contact the Department of Ecology UST Section.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator:

Lone Star Northwest INC

Owners Address:

P.O. Box 1730

Street

SEATTLE, WA 98111

P.O. Box

City

State

Zip+4 (required)

Telephone:

(206) 764-3107

Site ID Number (on invoice or available from Ecology if tank is registered):

101259

Site/Business Name:

Lone Star NW

Site Address:

2222 Ross Ave NE

Street

Mapleville, WA 98223

County

City

State

Zip+4 (required)

2. TIGHTNESS TESTING PERFORMED BY:

Firm:

PACIFIC NORTHERN ENVIRONMENTAL

Service Provider License Number:

S000153

Address:

1081 COLUMBIA Blvd

Street

Longview, WA. 98632

P.O. Box

City

State

Zip+4 (required)

Telephone:

206-423-2245

Licensed Supervisor:

Gary Hall UTR

Supervisor License Number:

W001622

Sections 3, 4 and 5 must be completed separately for each tank and each additional tank you may photocopy this form prior to completing. All tanks being tested at the site. For

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 1 2. Date installed: unk -
3. Tank capacity in gallons: 10K 4. Date of tightness test: 12/20/94
5. Last substance stored: Diesel 6. Is tank compartmentalized? N

7. Tank is: single wall double wall

8. Reason for conducting tightness test:

- ☒ To comply with leak detection requirements in UST rules
- ☐ To bring temporarily closed tank back into service
- ☐ Tank or piping repair
- ☐ Other (describe) _____

9. Type of test conducted:

10. Test method type:

- | | | | |
|-------------------------------------|--|-------------------------------------|----------------------|
| <input type="checkbox"/> | Tank tightness test only | <input type="checkbox"/> | Overfill |
| <input type="checkbox"/> | Line tightness test only | <input type="checkbox"/> | Underfill volumetric |
| <input type="checkbox"/> | Tank and lines tested separately | <input checked="" type="checkbox"/> | Nonvolumetric |
| <input checked="" type="checkbox"/> | Total system test (tank and lines tested together) | | |

11. Tightness testing method(s) used (Indicate if more than one method was used - see note following item 12):

Test method name/version **TRACER TIGHT**

Test method manufacturer **TRACER RESEARCH**

12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: _____

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested *up to the 95% full level*. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks): **VARIABLE PROBE**

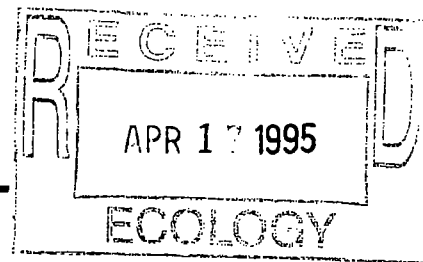
4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
<p>1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%)</p> <p><i>Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.</i></p>			ew



LONE STAR NORTHWEST



5975 E. MARGINAL WAY SOUTH
P.O. BOX 1730
SEATTLE, WASHINGTON 98111
(206) 764-3000

April 14, 1995

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

RE: Tank Tightness Tests

To Whom It May Concern:

It has come to my attention in reviewing our underground storage tank files that the three enclosed tightness tests were not been submitted to the Department of Ecology. I apologize for the oversight and appreciate your cooperation in updating the UST files for these three tanks. Please contact me if you have any questions.

Sincerely,

Shawn M. Carter

Shawn M. Carter

Enclosures



UNDERGROUND STORAGE TANK Tightness Testing Checklist

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connected underground piping systems. This form is required by RCW 90A.03.020 and WAC 173-360 WAC.

This Tightness Test shall be performed by a licensed supervisor. The supervisor shall employ the licensed tester.

A separate checklist shall be completed for each separate UST system. The supervisor shall complete this form and attach it to the following:

5975 EAST MARGINAL WAY South
SEATTLE, WASHINGTON 98134

TWO TANKS

1 10 K DIESEL

1 6 K GASOLINE

For further information, contact the Ecology Department.

The tank owner shall register the tank with Ecology.

Section.

at the appropriate

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator:

Lone Star N.W.

Owners Address:

P.O. Box 1730; 5975 E Marginal Way S.

Street

Seattle, WA 98111

P.O. Box

City

State

Zip+4 (required)

Telephone:

206) 764-3107

Site ID Number (on invoice or available from Ecology if tank is registered):

002211

Site/Business Name:

Same -

Site Address:

Street

County

City

State

Zip+4 (required)

2. TIGHTNESS TESTING PERFORMED BY:

Firm:

PACIFIC NORTHERN ENVIRONMENTAL

Service Provider License Number:

S000153

Address:

1081 COLUMBIA Blvd

Street

Longview, WA. 98632

P.O. Box

City

State

Zip+4 (required)

Telephone:

206-423-2245

Licensed Supervisor:

Sam L. Walby

Supervisor License Number:

W001622

Yes No NA*

2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?

Aw

3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?

Aw

4. Was the waiting period between the addition of product to the tank and the beginning of the test at or above the minimum waiting period stated in the evaluation results?

Aw

5. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (for single wall tanks)

Aw

6. Have any loose fittings at the top of the tank been either tightened prior to beginning the test or accounted for when conducting the test and evaluating test results? (Applies to overfill methods only)

Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.

Aw

7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?

Aw

8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is:

☒ Passed ☐ Failed

Note: Inconclusive test results will not be considered as a valid tightness test for purposes of complying with UST release detection regulations.

9. If the tightness test is considered a failed test, has the owner/operator been notified of the test results?

Note: The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.

10. If a failed test has occurred, results indicate that there is a leak in the:

☐ Tank
☐ Piping System

If known, the leak rate is: _____ gallons per hour

*Item not applicable

I hereby certify that I have been the licensed supervisor present during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173-360 WAC.

122193

Date

Mary L. Welch
Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

12/27/94

Date

2-1-94

Date

Etherington for PNE

Signature of Licensed Service Provider firm (owner or person with signature authority)

Paul M. Belknap Safety Manager for Love Star Northwest
Signature of Tank Owner or Authorized Representative

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 1
2. Date installed: 17
3. Tank capacity in gallons: 10K
4. Date of tightness test: 12 21 93
5. Last substance stored: Diesel
6. Is tank compartmentalized? NO

7. Tank is: ☒ single wall ☐ double wall

8. Reason for conducting tightness test:

- ☒ To comply with leak detection requirements in UST rules
- ☐ To bring temporarily closed tank back into service
- ☐ Tank or piping repair
- ☐ Other (describe) _____

9. Type of test conducted:

- ☐ Tank tightness test only
- ☐ Line tightness test only
- ☐ Tank and lines tested separately
- ☒ Total system test (tank and lines tested together)

10. Test method type:

- ☐ Overfill
- ☐ Underfill volumetric
- ☒ Nonvolumetric

11. Tightness testing method(s) used (Indicate if more than one method was used - see note following item 12):

Test method name/version TRACER TIGHT

Test method manufacturer TRACER RESEARCH

12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 50

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks): VARIABLE PROBE

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

Yes No NA*

1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%)

Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.

Yes	No	NA*
<u>ew</u>		

	Yes	No	NA*
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	Cur		
3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?	Cur		
4. Was the waiting period between the addition of product to the tank and the beginning of the test at or above the minimum waiting period stated in the evaluation results?	Cur		
5. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (for single wall tanks)	Cur		
6. Have any loose fittings at the top of the tank been either tightened prior to beginning the test or accounted for when conducting the test and evaluating test results? (Applies to overfill methods only) <i>Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.</i>			Cur
7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?			Cur
8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is: <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed Note: Inconclusive test results will not be considered as a valid tightness test for purposes of complying with UST release detection regulations.			
9. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? Note: The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.			
10. If a failed test has occurred, results indicate that there is a leak in the: <input type="checkbox"/> Tank <input type="checkbox"/> Piping System If known, the leak rate is: _____ gallons per hour			
*Item not applicable			
I hereby certify that I have been the licensed supervisor present during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.			
Persons submitting false information are subject to penalties under Chapter 173-360 WAC.			
12/21/93	[Signature]		
Date	Signature of Licensed Supervisor		

5. ADDITIONAL REQUIRED SIGNATURES

1/27/94	[Signature]
Date	Signature of Licensed Service Provider firm (name or person with signature authority)
2-1-94	[Signature]
Date	Signature of Tank Owner or Authorized Representative

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 2
2. Date installed: 2.1
3. Tank capacity in gallons: 6K
4. Date of tightness test: 12/2/97
5. Last substance stored: OWL
6. Is tank compartmentalized? NO
7. Tank is: ☒ single wall ☐ double wall

8. Reason for conducting tightness test:

- ☒ To comply with leak detection requirements in UST rules
- ☐ To bring temporarily closed tank back into service
- ☐ Tank or piping repair
- ☐ Other (describe) _____

9. Type of test conducted:

- ☐ Tank tightness test only
- ☐ Line tightness test only
- ☐ Tank and lines tested separately
- ☒ Total system test (tank and lines tested together)

10. Test method type:

- ☐ Overfill
- ☐ Underfill volumetric
- ☒ Nonvolumetric

11. Tightness testing method(s) used (Indicate if more than one method was used - see note following item 12):

Test method name/version TRACER TIGHT

Test method manufacturer TRACER RESEARCH

12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 40

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks): VARIABLE PROBE

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%)

Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.

Yes No NA*

Yes	No	NA*
<u>AW</u>		



UNDERGROUND STORAGE TANK Tightness Testing Checklist

KLB/35/NOV

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173.360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

JAN 17 1992

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: LONESTAR N.W. INC.

Owners Address: P.O. Box 1730
Seattle Wa. 98111

Telephone: _____

Site ID Number (on invoice or available from Ecology if tank is registered): 002211

Site/Business Name: LONE STAR N.W. INC

Site Address: 5975 E. MARGINAL WAY SOUTH King
SEATTLE WA. 98134

2. TIGHTNESS TESTING PERFORMED BY:

Firm: Pacific Northern Environmental
dba Petroleum Services Unlimited
1081 Columbia Boulevard
Longview, Washington 98632

License Number: S000153

Address: _____

Telephone: (206) 423-2245

Licensed Supervisor: TOM CRAWFORD

Tightness Testing
License Number: W000132-

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 4 2. Date called: 1/7/92
3. Tank capacity in gallons: 10,000 4. Last substance stored: Gas
5. Reason for conducting tightness test: ☐ To comply with leak detection requirements in USF rules
☐ System test to investigate suspected release
☒ Other (describe) _____
6. Date tightness test was conducted: 12/12/91
7. Type of test conducted: Tank tightness test ☒ Line tightness test ☒
8. Tightness testing method used:
- Test method name: LEAK COMPUTER
- Test method manufacturer: HAZTECH INC. SAN DIEGO
- Volumetric ☒ Non-volumetric ☐
- If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity _____ %

4. CHECKLIST

The following items shall be initiated by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Does the tightness testing method used meet the performance standard specified in the USF rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?	<input checked="" type="checkbox"/>		
2. Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?	<input checked="" type="checkbox"/>		
3. Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?	<input checked="" type="checkbox"/>		
4. Do the test results indicate that a leak exists in either the tank or piping system? If "yes" test results indicate that the leak is located in the: Tank <input type="checkbox"/> Piping system <input type="checkbox"/> If known, indicate leak rate: _____		<input checked="" type="checkbox"/>	
5. When No. 4 is checked "yes" has the owner/operator been notified of the test results? <small>NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.</small>			<input checked="" type="checkbox"/>

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

12/12/91
Date

Loa Crawford
Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

1/13/92
Date

Best Haggard
Signature of Licensed Service Provider (firm) Owner or Authorized Representative

Date

Signature of Tank Owner or Authorized Representative

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 3 2. Date called: 1990

3. Tank capacity in gallons: 6,000 4. Last substance stored: Unleaded

5. Reason for conducting tightness test: To comply with tank detection requirements in UST rules
System test to investigate suspected release
☒ Other (describe) _____

6. Date tightness test was conducted: 12/12/91

7. Type of test conducted: Tank tightness test ☒ Line tightness test ☒

8. Tightness testing method used:

Test method name: LEAK COMPUTER

Test method manufacturer: HAZTECH INC. SAN DIEGO

Volumetric ☒ Non-volumetric ☐

If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity _____ %

4. CHECKLIST

The following items shall be initiated by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?	<input checked="" type="checkbox"/>		
2. Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?	<input checked="" type="checkbox"/>		
3. Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?	<input checked="" type="checkbox"/>		
4. Do the test results indicate that a leak exists in either the tank or piping system? If "yes" test results indicate that the leak is located in the: Tank <input type="checkbox"/> Piping system <input type="checkbox"/> If known, indicate leak rate: _____		<input checked="" type="checkbox"/>	
5. When No. 4 is checked "yes" has the owner/operator been notified of the test results? NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.			<input checked="" type="checkbox"/>

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

Date 12/12/91 Signature of Licensed Supervisor [Signature]

5. ADDITIONAL REQUIRED SIGNATURES

Date 1/13/92 Signature of Licensed Service Provider (Not Owner or Authorized Representative) [Signature]

Date _____ Signature of Tank Owner or Authorized Representative _____